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CONFIRMATION NO. 3686

SERIAL NUMBER 10/627,014	FILING OR 371(c) DATE 07/25/2003 RULE	CLASS 514	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. 102392-200
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**APPLICANTS**

Anthony H. Cincotta, Tiverton, RI;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/399,180 07/29/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*name*  
**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 10/22/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY RI	SHEETS DRAWING 0	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Examiner's Signature</i>  <i>Initials</i>				

**ADDRESS**

27267

**TITLE**

Therapeutic treatment for the metabolic syndrome and type 2 diabetes

<b>FILING FEE RECEIVED</b> 524	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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